

FILED
08 JUL -3 AM 11:36
RICHARD W. BYERLING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

E-filing

(PR)

SI

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

VINCENT ROSENBAUM

Plaintiff,

vs.

THOMAS ALLMAN-SHERIFF

Defendant.

08

3211

CASE NO. _____

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

U.S.C. 28 (15)(g)

I, VINCENT ROSENBAUM, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☒ No ☐

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: Approx \$20 week Net: Approx \$20 week

Employer: NAPA STATE HOSPITAL

2100 NAPA VALLEJO HIGHWAY NAPA, CA 94558

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)
 4 _____
 5 _____
 6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes ☒ No _____
 10 self employment
 11 b. Income from stocks, bonds, Yes _____ No ☒
 12 or royalties?
 13 c. Rent payments? Yes _____ No ☒
 14 d. Pensions, annuities, or Yes _____ No ☒
 15 life insurance payments?
 16 e. Federal or State welfare payments, Yes ☒ No _____
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 1250 MONTH Hospital welfare
 22 335 BOOK Sale AUTHOR HOUSE PUBLISHERS

23 3. Are you married? Yes _____ No ☒

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

ALL FINANCIAL ESTIMATES

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

JDR (17)

NONE AT PRESENT DUE TO ILLEGAL IMPRISONMENT5. Do you own or are you buying a home? Yes ___ No ☒

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? (2) Yes ☒ No ___Make SUBARU Year 1992/1993 Model LEGACYIs it financed? Yes ___ No ☒ If so, Total due: \$ 0Monthly Payment: \$ 07. Do you have a bank account? Yes ___ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes ☒ No ___ Amount: \$ 15-20 centsDo you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ☒ No ___PERSONAL PROPERTY Approx \$15,000.00

8. What are your monthly expenses?

Rent: \$ 0 Utilities: 0Food: \$ 0 Clothing: 0

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

CREDITCARD DEBT Estimates 5-10,000.00
SCHOOL LOANS 5-10,000.00

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ☒ No ☐

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

HUNDREDS OF MATTERS PENDING
DON'T HAVE COPIES?

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

6/1/08

DATE

Vincent Rosenbalm

SIGNATURE OF APPLICANT

Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Vincent Rosenbalm for the last six months
Napa State Hospital ^[prisoner name] where (s)he is confined.
_[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 29.77 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.00.

Dated: 4-4-08

Laura Harris, STO
[Authorized officer of the institution]

Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of _____ for the last six months
[prisoner name]
_____ where (s)he is confined.

[name of institution]
I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ _____ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ _____.

Dated: _____

[Authorized officer of the institution]

**CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE
 SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE
 FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).**

 4/4/2008
 7:54:35AM

**NAPA STATE HOSPITAL
 TRUST ACCOUNT / CASHIERS' SYSTEM II
 Patient Ledger Report**

Page 1 of 1

2069375 ROSENBALM, VINCENT

	TransDate	Doc No.	Item	Comment	Withdrawl	Deposit	Balance
1	10/22/2007	13-154338	Cash Disbursement	cashlist v-314	\$5.00		\$0.00
2	10/24/2007	18-075321	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
3	10/29/2007	13-154384	Cash Disbursement	cl v337	\$12.50		\$0.00
4	11/23/2007	18-75407	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
5	11/26/2007	13-154581	Cash Disbursement	Cashlist V-400	\$12.50		\$0.00
6	12/03/2007	16-75436	CK-AUTHOR HOUSE 1663 LIBERTY DR STE 200	BLOOMINGTON IN 47403		\$3.25	\$3.25
7	12/11/2007	16-75478	CCK-UNKNOWN SENDER	CCK-UNKNOWN SENDER		\$50.00	\$53.25
8	12/17/2007	13-154774	Cash Disbursement	cl v463	\$33.25		\$20.00
9	12/24/2007	13-154828	Cash Disbursement	cl v485	\$10.00		\$10.00
10	01/04/2008	13-154914	Misc Disbursement	NSH-COPY CARD V518	\$10.00		\$0.00
11	01/22/2008	18-075585	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
12	01/28/2008	13-155104	Cash Disbursement	cl v580	\$12.50		\$0.00
13	02/21/2008	18-075665	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
14	02/25/2008	13-155262	Cash Disbursement	cl v649	\$12.50		\$0.00
15	03/20/2008	17-75749	PP P/E 3/21/08	PP P/E 3/21/08		\$75.33	\$75.33
16	03/24/2008	13-155495	Cash Disbursement	cl v728	\$12.50		\$62.83
17	04/01/2008	13-155540	Cash Disbursement	CL V750	\$45.00		\$17.83

TOTAL WITHDRAWALS / DEPOSITS:
\$165.75 \$178.58